

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

740

**1. PLACE OF DEATH**  
 26 County Cole Registration District No. 2-352  
 Township Wray Primary Registration District No. 5-2-3  
 City Wray, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Joseph H. Ober  
 (a) Residence, No. Wray, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Coraline H. Ober</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17-1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
FATHER	13. NAME <u>Joseph H. Ober</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
	15. MAIDEN NAME <u>Nettie Brangan</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
	17. INFORMANT (ADDRESS) <u>Joseph H. Ober, Wray, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wray, Mo.</u> DATE <u>Jan. 3-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Jefferson Funeral Home, Jefferson, Mo.</u>		
20. FILED <u>Jan 6, 1932</u> <u>Wray, Mo.</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1-1932

22. I HEREBY CERTIFY That I attended deceased from Dec. 18, 1932 to Dec. 30, 1932  
 I last saw him alive on Dec. 30, 1932 Death is said to have occurred on the date stated above, at 10:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Terminal Pneumonia  
Bronchi Pneumonia  
carcinoma of stomach  
liver and prostate  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
AGE  
ALC  
SIC

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

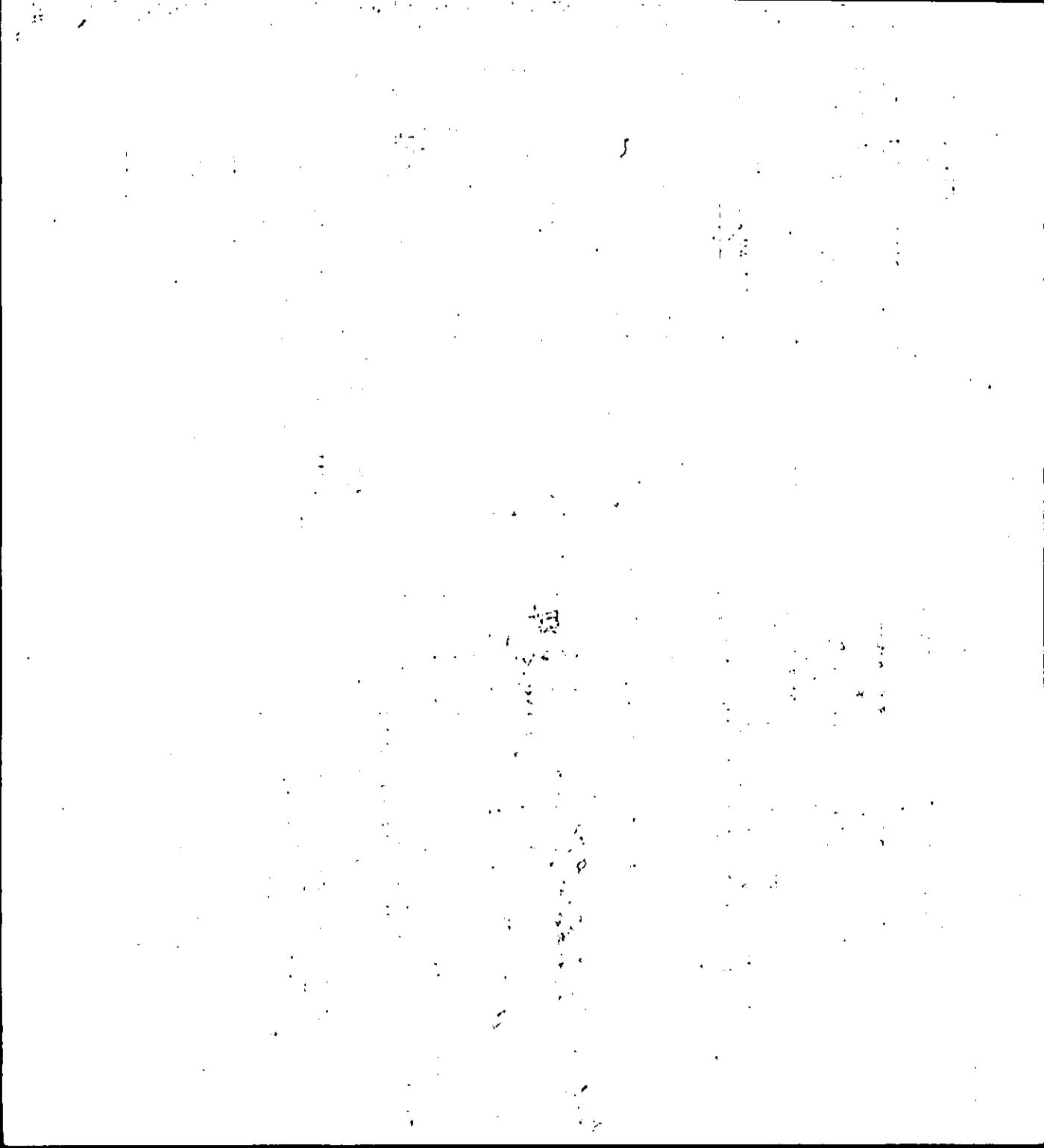
23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Joe A. Hill, M. D.  
 (Address) Jefferson City, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cole Registration District No. 1158 File No. 21  
Township Osage Primary Registration District No. 5296-A Registered No. 2  
City (No. ) St. Ward

**2. FULL NAME**

(a) Residence, No. Osage Bend, Mo. Ward. (If nonresident, give city or town and State)  
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 17 - 1861</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>9</u>
		<u>13</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
FATHER	13. NAME <u>Joseph Hofer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
MOTHER	15. MAIDEN NAME <u>Nettie Brauer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT <u>Anna Hofer</u> (ADDRESS) <u>Osage Bend, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osage Bend, Mo.</u> DATE <u>Jan 3, 1933</u>		
19. UNDERTAKER <u>Heinrich Funeral Home</u> (ADDRESS) <u>J. C. Mo.</u>		
20. FILED <u>Apr. 9, 1933</u> <u>Rev. J. S. Schmidt</u> <u>deputy Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

terminal pneumonia  
double pneumonia  
carcinoma of stomach, liver and prostate  
liver

Date of onset

Other contributory causes of importance:

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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) Jas. A. Hill, M. D.  
(Address) J. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAWS.

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